

Practitioner's Docket No. 47,653.1

PATENT

(3)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: John C. Houck Group No.: 1643

Application No.: 09 / 189,130

Filed: 11/10/98

Examiner: Not Yet Assigned

For: SMALL PEPTIDES AND METHODS FOR TREATMENT OF ASTHMA AND INFLAMMATION

Assistant Commissioner for Patents
Washington, D.C. 20231

**STATEMENT BY PRACTITIONER THAT APPLICATION FILED IN PTO
IS THE ONE INVENTOR EXECUTED BY SIGNING DECLARATION**

NOTE: This form is to be used when the declaration only indicates the name(s) of the inventor(s) and the title of the invention. Notice of September 12, 1983, 1035 O.G. 3.

NOTE: The Notice of July 13, 1995, 1177 O.G. 60, points out that a later filed declaration will satisfy the minimums of identification required by 37 C.F.R. § 1.63 if it contains the "(6) names of inventor(s), title which was on the specification as filed and accompanied by a cover letter accurately identifying the application for which it was intended by either the application number (consisting of the series code and the serial number; e.g., 08/123,456), or serial number and filing date." See also M.P.E.P. § 601.01(a), 6th ed., rev. 3.

I,

George W. Neuner

Name of Practitioner

130 Water Street

P.O. Address

Boston, MA 02109

Reg. No. 26,964

Tel. No. (617) 523-3400

state I am the registered practitioner for this application and the application identified above is the application that the inventor(s) executed by signing the declaration that is being submitted herewith.


SIGNATURE OF PRACTITIONER

Customer No.: 21874

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

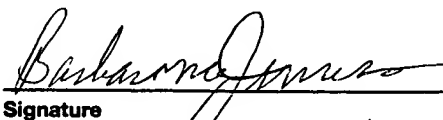
MAILING

☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: 1/22/99

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.


Signature
Barbaranne Jenness

(type or print name of person certifying)

(Statement by Practitioner That Application Filed in PTO Is the One Inventor Executed by Signing Declaration
[5-10])

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF
ATTORNEY FOR SIGNING BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX)
OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR
INCAPACITATED INVENTOR (37 CFR 1.42 AND 1.43)**

I, Mary MacDonald
(type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)
hereby declare that I am a citizen of USA
residing at 421 Fishtrap Way
Lynden, Washington 98264

and that I am executing and signing the declaration to which this is attached as

(check one):

- ☐ the administrator(trix) of
☒ executor(trix) of the last will and testament of
☐ legal representative (or heirs) of

John C. Houck

Full name of (first, second etc.) deceased or incapacitated inventor

3219 N.E. 68th Street

Country of citizenship of deceased or incapacitated inventor

Seattle, WA 98115

Residence of deceased or incapacitated inventor

Post Office Address of deceased or incapacitated inventor

NOTE: The name of the first, second etc. deceased or incapacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "deceased-completed on added page" or "incapacitated-completed on added page."

That, upon information and belief, I aver those facts that the inventor is required to state.

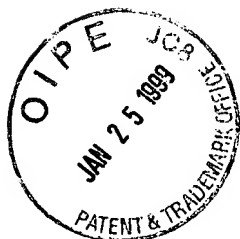
Date: Jan 5, 1999

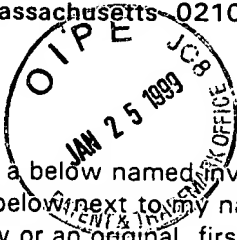
Mary MacDonald
Signature of administrator(trix), executor(trix)
legal representative (or all heirs)

NOTE: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent. 37 CFR 1.44.

NOTE: Application may be made by the heirs of the inventor if a certificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing add lines for all the heirs to sign. MPEP § 409.01(a), 6th ed., rev. 3.

(Added Page to Combined Declaration and Power of Attorney for Signing by Administrator(trix), Executor(trix) or Legal Representative on Behalf of Deceased or Incapacitated Inventor (37 CFR 1.42 and 1.43) [1-3])





DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed at 201) below or an original, first and joint inventor (if plural names are listed at 201-208 below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SMALL PEPTIDES AND METHODS FOR TREATMENT OF ASTHMA AND INFLAMMATION

which is described and claimed in:

- ☐ the specification attached hereto.
- ☒ the specification in U.S. Application Serial Number 09/189,130,
filed on 11/10/98.
- ☐ the specification in PCT international application Number _____,
filed on _____; and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign/PCT Applications and Any Priority Claims Under 35 U.S.C. §119:			
Application No.	Filing Date	Country	Priority Claimed Under 35 U.S.C. §119?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

Prior U.S. Applications or PCT International Applications Designating the U.S.-Benefit

Under 35 U.S.C. §120

U.S. Applications		Status (Check One)		
Application Serial No.	U.S. Filing Date	Patented	Pending	Abandoned
PCT Applications Designating the U.S.				
Application No.	Filing Date	U.S. Serial No. Assigned		

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. §119(e))

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Applicant	Provisional Application Number	Filing Date
John C. Houck	60/065,336	November 13, 1997

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) with full powers of association, substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Sewall P. Bronstein (Reg. No. 16,919)
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2 0 1	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
		HOUCK (Deceased)	John	C.
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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2 0 2	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY AND ZIP CODE

2 0 3	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY AND ZIP CODE

2 0 4	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY AND ZIP CODE

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature of Inventor 201	Signature of Inventor 202
Date:	Date:
Signature of Inventor 203	Signature of Inventor 204
Date:	Date: